

5. Please share any additional information you would like the ADA Liaison team to know about you. Feel free to attach additional sheets, if needed.

Please note that if TCSP grants all or part of your requested accommodations, those accommodations may not be available at a practicum or internship site. If you are taking a practicum or internship course, we encourage you to note that information on this request form and to contact your ADA Liaison and Director of Clinical Training to discuss options.

By submitting this Accommodations Request Form along with documentation from a treating professional, I understand that the ADA Liaison team will contact me within five business days to review my request. I understand that ADA accommodations are an interactive process that may require additional information from me or from my treating professional. To discuss my request, the ADA coordinator may need to meet with me via phone, GoToMeeting, email or in-person (if on-campus). I also understand that accommodations are not retroactive and do not begin until this process has been completed and I have been given a Confirmation of Accommodations letter that I will share with my faculty.

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Date Received: _____ Appropriate documentation provided

Notes: _____

ADA Coordinator Signature: _____ Date: _____